Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

ATE CONTRIBUTION REPORT

| | | | | | | LATE CO | NIRIBUTION REPORT | |
|---|---|--|-------------------------|-------------------------------|--|---------|------------------------------|--|
| NAME OF FILER City Area Card Clubs Milpitas | | | | 0/13/14 | Date Stamp | | CALIFORNIA 497 | |
| AREA CODE/PHONE N 415/732-7700 | NUMBER | I.D. NUMBER (if applicable) | Report No. G | 14-001 | | For | Official Use Only | |
| STREET ADDRESS 450 S Abel St., | #360348 | | Amendment to Report No. | | OCT 1 3 2014 | - | | |
| CITY Milpitas, CA 950 | 035 | STATE ZIPCODE CA 95035 | No. of Pages 1 | | To an | | | |
| Late Contrib | ution(s) Received | | | | | | | |
| DATE RECEIVED | FULL NAM | E, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF | | AMOUNT RECEIVED | |
| 10/10/14 | Oaks Card Club 4097 San Pablo Ave Emeryville, CA 9460 | | | IND COM OTH PTY | | | \$16,250.00 | |
| | | | | □ scc | | | ☐ Check if Loan | |
| 10/10/14 | California Grand Ca 5988 Pacheco Blvd Pacheco, CA 94553 | | | IND COM TOTH PTY SCC | | | \$16,250.00 ☐ Check if Loan | |
| | | | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | ☐ Check if Loan | |
| *Contributor Code IND - Individual COM - Recipient OTH - Other | S Committee (other than PTY o | PTY – Political Party SCC) SCC – Small Contributor Committe | е | | | | | |
| Reason for Amer | ndment: | | | | - | | | |
| | | | | | | FPP | C Form 497 (Jan/03) | |

Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| Area Card Clubs a Miloitas AREA CODE/PHONE NI 415/732-7700 STREET ADDRESS 450 S Abel St., # CITY Milpitas, CA 950 | IND thousands of neighbo | ime and Traffic! No on E, a coalition of Bars that oppose the expansion of gaming to I.D. NUMBER (ifapplicable) 1372931 STATE ZIPCODE CA 95035 | Date of This Filing 10 Report No. G Amendment to Report No. (explain below) No. of Pages | 14-002 | Date Stamp OCT 2 1 2014 | For Official Use Only |
|---|--|--|---|-----------------------|---|-------------------------|
| DATE RECEIVED | FULL NAME | E, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | SUTOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E | |
| 10/20/14 | Oaks Card Club 4097 San Pablo Ave Emeryville, CA 9460 | | | IND COM OTH PTY SCC | | \$16,250.00 |
| 10/20/14 | California Grand Ca 5988 Pacheco Blvd. Pacheco, CA 94553 | | | IND COM OTH PTY SCC | | \$16,250.00 |
| | | | | IND COM OTH PTY SCC | | ☐ Check if Loan |
| *Contributor Codes IND – Individual COM – Recipient C OTH – Other | ommittee (other than PTY or | PTY – Political Party SCC) SCC – Small Contributor Commit | tee | | | |
| Reason for Amend | dment: | | | | - - | EPPC Form 497 (lan/03) |

| Decimient Committee | | | | COVER PAGE |
|---|---|---|---|-------------------------------------|
| Recipient Committee | Type or print in | ink. | Date Stamp | CALIFORNIA 160 |
| Campaign Statement | | | | FORM 40U |
| Cover Page | | A | the closes of | |
| Government Code Sections 84200-84216.5) | Statement course merical | Data of alastian if applicables | City Clerk's Office | Page1 of10 |
| | Statement covers period | Date of election if applicable: (Month, Day, Year) | 1 | For Official Use Only |
| | from10/19/14 | (Monai, Bay, 18al) | JAN 2 9 2015 | , or emolar see emy |
| SEE INSTRUCTIONS ON REVERSE | through12/31/14 | | RECEIVED | |
| | | | | 1 |
| 1. Type of Recipient Committee: All Committees – Co | mplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| - | Primarily Formed Ballot Measure | Preelection Statement | | terly Statement |
| O | Committee Controlled | Semî-annual Statemen | Opco | ial Odd-Year Report |
| O | Sponsored | Termination Statement | _ , ,, , 🗀 Сарр | lemental Preelection |
| | Also Complete Part 6) | (Also file a Form 410 7 | , | ment - Attach Form 495 |
| General Purpose Committee | No. of the Comment Committee to | ☐ Amendment (Explain I | below) | |
| O oportioned | Primarily Formed Candidate/ Officeholder Committee | | | |
| Commission Commission | Also Complete Part 7) | | | |
| O Political Party/Central Committee | | | | |
| ł Committee Intormation | D. NUMBER 1372931 | Treasurer(s) | | _ |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | 1372931 | NAME OF TREASURER | | |
| Citizens Against Casinos, Crime and Traffic! No | on F. a coalition of Bay Area | James R. Sutton | | |
| Card Clubs and thousands of neighbors that opp | | MAILING ADDRESS | | |
| to Milpitas | ose the expansion of gaining | | | 44E/722 7700 |
| | | 150 Post St., Ste. 405 | | 415/732-7700 |
| STREET ADDRESS (NO P.O. BOX) | 415/732-7700 | CITY | STATE ZIP CO | ODE AREA CODE/PHONE |
| 450 S Abel St., #360348 | | San Francisco, CA 94 | | |
| CITY STATE ZIP CO | DDE AREA CODE/PHONE | NAME OF ASSISTANT TREASU | JRER, IF ANY | |
| Milpitas, CA 95035 | | Jonathan Mintzer | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E | | MAILING ADDRESS | | |
| 150 Post St., Ste. 405 | 415/732-7700 | 150 Post St., Ste. 405 | | 415/732-7700 |
| CITY STATE ZIP CO | DDE AREA CODE/PHONE | CITY | STATE ZIP C | ODE AREA CODE/PHONE |
| San Francisco, CA 94108 | | San Francisco, CA 941 | 108 | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADD | RESS | |
| | | | | |
| l. Verification | | | | |
| I have used all reasonable diligence in preparing and reviewing | g this statement and to the best of my kn | owledge the information contained he | erein and in the attached schedu | les is true and complete. I certify |
| under penalty of perjury under the laws of the State of Californi | | 1 1 | i i | ioo io nao ana compicto. Teoriny |
| 1/12/11 | | mar 1 ho | 77. | |
| Executed on | Ву | Signature of Treasurer or Assistan | of Traggirar | |
| Date | // | Olgitature of Treasurer of Adalatan | it iibasu oi | |
| Executed on | BySkinature of Co | ontrolling Officeholder, Candidate, State Measure P | ronnent or Responsible Officer of Sponsor | |
| | Signaturo | Sing Single Indiana, Sand Measure I | operation of the operation of the operation | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, | State Measure Proponent | |
| | | J J | | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, | State Measure Proponent | |

| | ntrolled Committee | 6. Primarily Formed Bal | | |
|-----------------------------------|--|---|--|--|
| NAME OF OFFICEHOLDER OR CANDIDAT | Ē | NAME OF BALLOT MEASURE | | |
| | | Cardroom License & | Тах | |
| OFFICE SOUGHT OR HELD (INCLUDE LO | CATION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☑ OPPOSE |
| | | <u> </u> | Milpitas | ☑ OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO | . AND STREET) CITY STATE ZIP | Identify the controlling o | officeholder, candidate, or | state measure proponent, if a |
| | | NAME OF OFFICEHOLDER, C. | ANDIDATE, OR PROPONENT | |
| | uded in this Statement: List any committees controlled by you or are primarily formed to receive n behalf of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT NO. IF ANY |
| COMMITTEE NAME | I.D. NUMBER | <u> </u> | A AND AND TO | |
| | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. Primarily Formed Ca officeholder(s) or candidate | andidate/Officeholder (e(s) for which this committee | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) or candidate | e(s) for which this committee | is primarily formed. |
| · | | | e(s) for which this committee | |
| · | ☐ YES ☐ NO | officeholder(s) or candidate | e(s) for which this committee R CANDIDATE OFFICE SC | is primarily formed. |
| COMMITTEE ADDRESS STREET | YES NO ADDRESS (NO P.O. BOX) | officeholder(s) or candidate | R CANDIDATE OFFICE SC R CANDIDATE OFFICE SC | DUGHT OR HELD SUPPORT DUGHT OR HELD SUPPORT SUPPORT SUPPORT |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/19/14 CALIFORNIA 460 FORM 12/31/14 Page 3 of 10

I.D. NUMBER

NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E 1372931 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 37,485.82 80.000 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B, Line 3 37,485.82 80,000 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 37,485.82 80,000 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ____ **Expenditures Made Expenditure Limit Summary for State** 69,985.82 54.985.82 6. Payments Made Schedule E, Line 4 Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 54,985.82 69.985.82 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) -29,119.77 Date of Election Total to Date 0 (mm/dd/yy) 25,866.05 69.985.82 **Current Cash Statement** 17,500.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 37.485.82 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 54,985.82 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 0.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

| Monetary Contributions Received | | | whole dollars. | from10/1 | ers period 19/14 | CALIFORNIA 460 | | |
|---------------------------------|--|--------------------------------------|---|-----------------------------------|---|----------------|--|--|
| SEE INSTRUCTION | DNS ON REVERSE | | | through12/31/14 Page | | | 4 of10 | |
| NAME OF FILER | | | | | | I.D. NU | IMBER | |
| Citizens A | against Casinos, Crime and Traffic! No on E | | | | | 13729 | 931 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC | EAR | PER ELECTION TO DATE (IF REQUIRED) | |
| 11/4/14 | California Commerce Club 6131 E. Telegraph Rd. Commerce, CA 90040 | □IND □COM ☑OTH □PTY □SCC | | 5,000 | 5,0 | 00 | | |
| 11/4/14 | The Gardens Casino 21520 Pioneer Blvd. Hawaiian Gardens, CA 90716 | □IND □COM ☑OTH □PTY □SCC | | 5,000 | 5,000 | | | |
| 11/5/14 | The Bicylce Casino 888 Bicylce Casino Drive Bell Gardens, CA 90201 | □IND □COM ØOTH □PTY □SCC | | 5,000 | 5,0 | 000 | | |
| 10/20/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | □IND □COM ☑OTH □PTY □SCC | | 16,250 | 16,2 | 250 | | |
| 10/20/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | □IND □COM ØOTH □PTY □SCC | | 16,250 | 16,2 | 250 | | |
| | | | SUBTOTAL\$ | 47,500 | 100 mm (100 mm) (100 | | | |
| Schedule | A Summary | | | | *Con | tributor (| Codes | |
| 1. Amount re | eceived this period – itemized monetary contributions. Il Schedule A subtotals.) | | \$ <u></u> | 37,485.82 | | • | al ent Committee than PTY or SCC) | |
| 2. Amount re | eceived this period – unitemized monetary contributions | s of less than S | \$100\$ | 0 | | | (e.g., business entity) | |
| 3. Total mon | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu | | | 37,485.82 | | | Contributor Committee | |

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

| 0 | \sim 1 | -1 | _ | 1 11 | = | ۸ |
|---|----------|----|---|------|---|---|
| | | | | | | |

Statement covers period

| monotary contributions reconved | | 10 | whole donars. | from10/19/14 FORM | | | | |
|---------------------------------|--|--------------------------------------|---|---------------------------------------|--|-----------------------|---|--|
| SEE INSTRUCTION | ONS ON REVERSE | | | through12 | /31/14 | Page | ge of | |
| NAME OF FILER | | | | | | I.D. N | JMBER | |
| Citizens A | Against Casinos, Crime and Traffic! No on E | | | | | 1372 | 931 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC | EAR | PER ELECTION TO DATE (IF REQUIRED) | |
| 12/31/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | -5,007.09 | 11,242.91 | | | |
| 12/31/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | □IND □COM ØOTH □PTY □SCC | | -5,007.09 | 11,242 | .91 | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | 16,250 | | | | |
| | | | SUBTOTAL\$ | -10,014.18 | | | | |
| 1. Amount re | A Summary ecelved this period – itemized monetary contributions. Ill Schedule A subtotals.) | | \$ | | CON | (othe | ral ient Committee r than PTY or SCC) | |
| | eceived this period – unitemized monetary contributions | s of less than \$ | \$100\$ | · · · · · · · · · · · · · · · · · · · | PTY | – Other – Polilica | (e.g., business entity) al Party | |
| | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu | mn A, Line 1.) | TOTAL \$ | | SCC | | C Form 460 (January/05) | |

| Schedule E |
|----------------------|
| Payments Made |

Type or print in ink. Amounts may be rounded

| | SCHEDULE E |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA ACO |
| from10/19/14 | FORM 400 |
| through12/31/14 | Page 6 of 10 |
| | I.D. NUMBER |
| | 1372931 |

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB PET petition circulating CVC civic donations t.v. or cable airtime and production costs phone banks FIL candidate filing/ballot fees PHO TRC candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POL IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 PHO 6,947.84 San Francisco, CA 94105 Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 LIT 13.545.54 San Francisco, CA 94105 Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 LIT 27,091.08 San Francisco, CA 94105 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 47,584.46 Schedule E Summary 54.985.82 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 0 2. Unitemized payments made this period of under \$100\$ 0 54.985.82

| Schedule E |
|----------------------|
| Payments Made |

Type or print in ink. Amounts may be rounded

| | SCHEDULEE |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA ACO |
| from10/19/14 | FORM 40U |
| through12/31/14 | Page of10 |
| | I.D. NUMBER |
| | 1372931 |

| 1 ayments made | | whole dollars. | | | 10/19/14 | FUR | IVI I U |
|--|---------------------|---|--|---|---|-----------|-------------|
| | | | | 41 | 12/31/14 | | 7 of10 |
| SEE INSTRUCTIONS ON REVERSE | | | | through _ | *** | rage | or |
| NAME OF FILER | | | | | | I.D. NUME | |
| Citizens Against Casinos, Crime and Traffic! No on E | | | | | | 1372931 | |
| IND independent expenditure supporting/opposing others (explain)* POS postage, d | | | munications RAD radio airtime and production costs d appearances RFD returned contributions ses SAL campaign workers' salaries lating TEL t.v. or cable airtime and production costs | | | | |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE C | PR DESC | CRIPTION OF P | AYMENT | | AMOUNT PAID |
| Sutton Law Firm 150 Post St. San Francisco, CA 94108 | | PRO | | | | | 2,028.69 |
| Sutton Law Firm 150 Post St. San Francisco, CA 94108 | | PRO | | | | | 1,739.58 |
| Sutton Law Firm 150 Post St. San Francisco, CA 94108 | | PRO | | | | | 3,633.09 |
| * Payments that are contributions or independent expenditures | must also be summ | arized on S | chedule D. | | SU | BTOTAL\$ | 7,401.36 |
| Schedule E Summary | 7 | | | | | | |
| 1. Itemized payments made this period. (Include all Schedule | E subtotals.) | • | ••••• | | | \$ | |
| 2. Unitemized payments made this period of under \$100 | | ••••• | | ************ | *************************************** | \$ | |
| 3. Total interest paid this period on loans. (Enter amount from | Schedule B, Part | 1, Column (| e).) | • | | \$ | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E | inter here and on t | he Summai | y Page, Column A, | Line 6.) | тот | ΓAL \$ | |

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

| Statement covers period from | | california 460 | |
|------------------------------|----------|----------------|---|
| through_ | 12/31/14 | Page8 of10 | - |
| | | I.D. NUMBER | |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E 1372931

| CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads | ns nces earch messenger services | RAD radio airtime ai RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati | nd production costs butions kers' salaries time and production cost al, lodging, and meals avel, lodging, and meals en committees of the sa | me candidate/sponsor |
|--|---|--|---|---|--|
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
| Sutton Law Firm 150 Post St., Ste. 405 San Francisco, CA 94108 | PRO - James Sutton, comm treasurer, is owner of payer Jonathon Mintzer, committe treasurer, is employee of ov | e asst. 2,028.69 | | 2,028.69 | 0 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 13,545.54 | 0 | 13,545.54 | 0 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 13,545.54 | 0 | 13,545.54 | 0 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$ 29,119.77 | \$ | \$ 29,119.77 | \$ O |

Schedule F Summary

| | . Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | INCURRED TOTALS \$ | 0 |
|----|--|--------------------|-------------------------------------|
| 2. | . Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS \$ | 29,119.77 |
| | Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ | -29,119.77 May be a negative number |

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period **CALIFORNIA** 10/19/14 **FORM** from. 12/31/14 10 through I.D. NUMBER 1372931

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic No on E!

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. member communications radio airtime and production costs CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs PET CVC civic donations PHO phone banks TRC candidate travel, lodging, and meals FIL

candidate filing/ballot fees FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND

LEG legal defense professional services (legal, accounting) VOT voter registration information technology costs (internet, e-mail) campaign literature and mailings PRT print ads WEB LIT

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE O | R DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------|--------------------------|---------------------|
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |
| Cornerstone Printing 18750 E. Cavendish Drive Castro Valley, CA 94552 | LIT | | 4,501.99 |
| U. S. Post Office 20283 Santa Maria Ave Castro Valley, CA 94546 | POS | | 4,050.00 |
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |
| Attach additional information on appropriately labeled continuati | on sheets. | | TOTAL* \$ 13,611.99 |

Attach additional information on appropriately labeled continuation sheets.

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

| | SCHEDULE G |
|----------------------------------|----------------|
| Statement covers period 10/19/14 | CALIFORNIA 460 |
| through12/31/14 | Page 10 of 10 |
| | I.D. NUMBER |
| | 1372931 |

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic No on E!

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Whitehurst/Mosher Campaign Strategy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. member communications RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks FIL PHO candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND professional services (legal, accounting) LEG legal defense VOT voter registration

PRT

print ads

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| American Directions Group 1350 Connecticut Ave., NW Washington, DC 20036 | РНО | | 906.24 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

906.24

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

| | | ? P | | |
|--|--|-----|--|--|
| | | | | |
| | | | | |

Recipient Committee Date Stamp Type or print in ink. **CALIFORNIA** Campaign Statement E037/ **Cover Page** (Government Code Sections 84200-84216.5) Page Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 1/1/14 from 11/4/14 10/18/14 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Primarily Formed Ballot Measure Quarterly Statement Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Controlled ☐ Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1372931 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens Against Casinos, Crime and Traffic! No on E, a coalition of Bay Area James R. Sutton Card Clubs and thousands of neighbors that oppose the expansion of gaming MAILING ADDRESS to Milpitas 150 Post St., Ste. 405 415/732-7700 STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE 415/732-7700 450 S Abel St., #360348 San Francisco, CA 94108 NAME OF ASSISTANT TREASURER, IF ANY CITY ZIP CODE AREA CODE/PHONE STATE Jonathan Mintzer Milpitas, CA 95035 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 415/732-7700 415/732-7700 150 Post St., Ste. 405 150 Post St., Ste. 405 AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE CITY STATE ZIP CODE San Francisco, CA 94108 San Francisco, CA 94108 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05)

| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
|--|--|-------------------------------|-----------------------|--------------------------|--|
| | | Cardroom License & | Гах | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION OF THE CONTROL OF THE CONT | TION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT |
| | | Е | Milpitas | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AN | ND STREET) CITY STATE ZIP | Identify the controlling of | fficeholder, candid | date, or state measur | e proponent, if a |
| | | NAME OF OFFICEHOLDER, C. | ANDIDATE, OR PROP | ONENT | |
| | ed in this Statement: List any committees ontrolled by you or are primarily formed to receive ehalf of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT N | D. IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | L | |
| | | 7. Primarily Formed Ca | ndidate/Officeh | older Committee | List names of |
| NAME OF TREASURER | CONTROLLED COMMITTEE? YES NO | officeholder(s) or candidate | (s) for which this co | ommittee is primarily fo | rmed. |
| COMMITTEE ADDRESS STREET ADD | | NAME OF OFFICEHOLDER OF | | ** | · · · · · · · · · · · · · · · · · · · |
| 00Mm//ce//85/1200 | DRESS (NO P.O. BOX) | WANTE OF OTT TOE TOE DE LA CO | R CANDIDATE O | FFICE SOUGHT OR HELI | SUPPORT OPPOSE |
| | ORESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OF | | FFICE SOUGHT OR HELI | SUPPORT OPPOSE |
| | | | CANDIDATE O | | SUPPORT SUPPORT OPPOSE |
| CITY | STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OF | R CANDIDATE O | FFICE SOUGHT OR HELI | SUPPOR SUPPORI OPPOSE SUPPORI OPPOSE OPPOSE |
| CITY COMMITTEE NAME NAME OF TREASURER | STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OF | R CANDIDATE O | FFICE SOUGHT OR HELI | SUPPOR OPPOSE SUPPORI OPPOSE SUPPORI OPPOSE SUPPORI OPPOSE SUPPORI |

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** FORM 1/1/14 from 10/18/14 Page _ through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1372931 Citizens Against Casinos, Crime and Traffic! No on E

| Contributions Received | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections |
|---|--|---|--|
| 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 32,500.00 \$ 32,500.00 \$ 32,500.00 \$ 32,500.00 | \$ 32,500.00 0 \$ 32,500.00 0 \$ 32,500.00 | 20. Contributions Received \$\$ 21. Expenditures Made \$\$ |
| Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Schedule F, Line 3 Add Lines 8 + 9 + 10 | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) |
| Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. | \$ 0 32,500.00 0 15,000.00 \$ 17,500.00 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed | *Amounts in this section may be different from amounts reported in Column B. |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$0 | for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). | FPPC Form 460 (January/0 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377 |

Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

| | | SCHEDULE A |
|---------|------------------|-----------------|
| Stateme | nt covers period | CALIFORNIA A CO |
| from | 1/1/14 | FORM 46U |
| through | 10/18/14 | Page4 of8 |
| | | I.D. NUMBER |

1372931

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

3. Total monetary contributions received this period.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|--|--------------------------------------|---|-----------------------------------|---|---|
| 10/10/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | ☐IND ☐COM ☑OTH ☐PTY ☐SCC | | 16,250 | 16,250 | |
| 10/10/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | □IND □COM ☑OTH □PTY □SCC | | 16,250 | 16,250 | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | | SUBTOTAL\$ | 32,500 | | |
| 1. Amount re | A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.) | | \$ | 32,500 | | al ent Committee |
| , | ceived this period – unitemized monetary contributions | | | 0 | | than PTY or SCC) (e.g., business entity) |

FPPC Form 460 (January/05)

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

32,500

Schedule E

Type or print in ink.

| Statement covers period | CALIFORNIA 160 |
|-------------------------|----------------|
| from1/1/14 | FORM 40U |
| through10/18/14 | Page5 of8 |
| | I.D. NUMBER |
| | 1372931 |

Amounts may be rounded Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research fundraising events POL transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF IND professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 **CNS** 15,000 San Francisco, CA 94105 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ Schedule E Summary 15,000 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$

2. Unitemized payments made this period of under \$100\$ 0 15,000

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

1372931

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services POS IND VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings

| En Campaign neratare and mainings | | | | | |
|---|---|--|---------------------------------------|---|--|
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
| Sutton Law Firm 150 Post St., Ste. 405 San Francisco, CA 94108 | PRO - James Sutton, comm treasurer, is owner of payed Jonathon Mintzer, committee treasurer, is employee of over | e asst. 0 | 2,028.69 | 0 | 2,028.69 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 0 | 13,545.54 | 0 | 13,545.54 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 0 | 13,545.54 | 0 | 13,545.54 |
| * Payments that are contributions or independent expenditures must also b summarized on Schedule D. | SUBTOTALS | \$ | \$ | 5 | 29,119.77 |

Schedule F Summary

| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | 29,119.77 |
|---|-----------|
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | 0 |
| accluded expenses of \$100 of more, plus total uniternized payments of doctard expenses and at \$100.0 | |

Type or print in ink. Amounts may be rounded to whole dollars.

| | SCHEDULE G |
|-------------------------|-----------------|
| Statement covers period | CALIFORNIA / CO |
| from1/1/14 | FORM 46U |
| through10/18/14 | Page7 of8 |
| | I.D. NUMBER |
| | 1372931 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic No on E!

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

| CODES: If one of the following codes accurately describe | es the | payment, you may enter the code. | Otherwise | e, describe the payment. |
|---|------------|---|------------|---|
| CMP campaign paraphernalia/misc. | MBR | member communications meetings and appearances | RAD RFD | radio airtime and production costs returned contributions |
| CNS campaign consultants CTB contribution (explain nonmonetary)* | | office expenses | SAL | campaign workers' salaries |
| CVC civic donations | PET | petition circulating | | t.v. or cable airtime and production costs candidate travel, lodging, and meals |
| FIL candidate filing/ballot fees FND fundraising events | PHO POL | phone banks polling and survey research | | staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG legal defense LIT campaign literature and mailings | PRO PRT | professional services (legal, accounting) print ads | | voter registration information technology costs (internet, e-mail) |

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|---------------------|
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |
| Cornerstone Printing 18750 E. Cavendish Drive Castro Valley, CA 94552 | LIT | | 4,501.99 |
| U. S. Post Office 20283 Santa Maria Ave Castro Valley, CA 94546 | POS | | 4,050.00 |
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |
| Attach additional information on appropriately labeled continuation s | sheets. | | TOTAL* \$ 13,611.99 |

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.
Amounts may be rounded to whole dollars.

| Stateme | ent covers period | SCHEDULE |
|---------|-------------------|----------------|
| from | 1/1/14 | CALIFORNIA 460 |
| through | 10/18/14 | Page 8 of 8 |
| | | I.D. NUMBER |
| | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

| CODES: If one of the following | g codes accurately describes the | payment, you may enter the cod | le. Otherwise | e, describe the payment. |
|---------------------------------------|-----------------------------------|---|---------------|---|
| CMP campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB contribution (explain nonmonetary | o)* OFC | office expenses | SAL | campaign workers' salaries |
| CVC civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND independent expenditure support | ng/opposing others (explain)* POS | postage, delivery and messenger service | es TSF | transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|---------------------|
| Cornerstone Printing 18750 E. Cavendish Drive Castro Valley, CA 94552 | LIT | | 4,501.99 |
| Lisa Hanson 6000 La Salle Ave. Oakland, CA 94611 | LIT | | 750.00 |
| U. S. Post Office 20283 Santa Maria Ave. Castro Valley, CA 94546 | POS | | 4,050.00 |
| Lisa Hanson 6000 La Salle Ave. Oakland, CA 94611 | LIT | | 750.00 |
| Attach additional information on appropriately labeled continuation she | ets. | | TOTAL* \$ 10,051.99 |

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.